

# **Appendix C**

## **HCFA UB92 File**

**National UB92 HCFA 1450**  
**Version 4 flat file**



**UB-92 Data Elements  
CMS-1450 v5 Flat File****WASHINGTON DOH  
CHARS**

Updated: March 12, 2002

NOTE: Italicized information denotes differences between v4 and v5 file formats.

Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
01	1	Record type '01'	XX	L	1	2	N/A	<b>Required</b> Value '01'
01	2	Submitter EIN (Federal Tax Number)	9(10)	R	3	12	N?A	<b>Required</b>
01	3	Multiple Provider Billing File Indicator	9		13	13		
01	4	Filler (National Use)	X(17)	L	14	30		
01	5	Receiver Type Code	X		31	31		
01	6	Receiver Identification	9(5)	R	32	36		
01	7	Receiver Sub-Identification	X(4)	L	37	40		
01	8	Filler (National Use)	X(6)		41	46		
01	9	Submitter Name	X(21)	L	47	67		
01	10	Submitter Address	X(18)	L	68	85		
01	11	Submitter City	X(15)	L	86	100		
01	12	Submitter State	XX	L	101	102		
01	13	Submitter ZIP Code	X(9)	L	103	111		
01	14	Submitter FAX Number	9(10)	R	112	121		
01	15	Country Code	X(4)	L	122	125		
01	16	Submitter Telephone Number	9(10)	R	126	135		
01	17	File Sequence & Serial Number	X(7)	L	136	142		
01	18	Test/Production Indicator	X(4)	L	143	146		
01	19	Date of Receipt (CCYYMMDD) (intermediary use only)	9(8)	R	147	154		
01	20	Processing Date (Date Bill Submitted on HCFA 1450) (CCYYMMDD)	9(8)	R	155	162		
01	21	Filler (Local Use)	X(27)		163	189		
01	22	Version Code	X(3)	L	190	192	N/A	<b>Required</b> 050 - Version 5.0

**This Record is Required**

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**WASHINGTON DOH  
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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
10	1	Record type '10'	XX	L	1	2	N/A	<b>Required</b> Value '10'
10	2	Type of Batch	XXX	L	3	5		
10	3	Batch Number	99	R	6	7		
10	4	Federal Tax Number or EIN	9(10)	R	8	17		
10	5	Federal Tax Sub ID	X(4)	L	18	21		
10	6	National Provider Identifier	X(13)	L	22	34	N/A	<b>Required</b> CHARS retains first 6 characters
10	7	Medicaid Provider Number	X(13)	L	35	47		
10	8	TRICARE Insurer Provider Number	X(13)	L	48	60		
10	9	Other Insurer Provider Number	X(13)	L	61	73		
10	10	Other Insurer Provider Number	X(13)	L	74	86		
10	11	Provider Telephone Number	9(10)	R	87	96		
10	12	Provider Name	X(25)	L	97	121		
10	13	Provider Address	X(25)	L	122	146		
10	14	Provider Address City	X(14)	L	147	160		
10	15	Provider Address State	XX	L	161	162		
10	16	Provider Address ZIP Code	X(9)	L	163	171		
10	17	Provider FAX Number	9(10)	R	172	181		
10	18	Country Code	X(4)	L	182	185		
10	19	Filler (National Use)	X(4)		186	189		
10	20	Filler (State Use)	X(3)		190	192		

**This Record is Required**

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
20	1	Record type '20'	XX	L	1	2	N/A	<b>Required</b> Value '20'
20	2	Filler (National Use)	XX		3	4		
20	3	Patient Control Number	X(20)	L	5	24	3	<b>Required</b> Assigned by hospital
20	4	Patient Last Name	X(20)	L	25	44	12	<b>Required</b> First two letters of last name
20	5	Patient First Name	X(9)	L	45	53	12	<b>Required</b> First two letters of first name
20	6	Patient Middle Initial	X		54	54		
20	7	Patient Sex	X		55	55	15	<b>Required</b> Value M-Male, F-Female
20	8	Patient Birthdate ( <i>CCYYMMDD</i> )	9(8)	R	56	63	14	<b>Required</b>
20	9	Patient Marital Status	X		64	64		
20	10	Type of Admission	X		65	65	19	<b>Required</b> Values 1-Emergency 2-Urgent 3-Elective 4-Newborn
20	11	Source of Admission	X		66	66	20	<b>Required</b> Values 1-Physician Referral 2-Clinic Referral 3-HMO Referral 4-Tranfer from Hospital 5-Tranfer from SNF 6-Transfer from HCF 7-Emergency Room 8-Court/Law Enforcement 9-Information not available <b>FOR NEWBORN ONLY</b> 1-Normal Delivery 2-Premature Delivery 3-Sick Baby 4-Extramural Birth
20	12	Patient Address - Line 1	X(18)	L	67	84		
20	13	Patient Address - Line 2	X(12)	L	85	96		

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
20	14	Patient Address City	X(15)	L	97	111		
20	15	Patient Address State	XX	L	112	113		
20	16	Patient Address ZIP Code	X(9)	L	114	122	13	<b>Required</b>
20	17	Admission/Start of Care Date (CCYYMMDD)	9(8)	R	123	130	17	<b>Required</b>
20	18	Admission Hour	XX	L	131	132		
20	19	Statement Covers Period From (CCYYMMDD)	9(8)	R	133	140	6	<b>Required</b>
20	20	Statement Covers Period Thru (CCYYMMDD)	9(8)	R	141	148	6	<b>Required</b>
20	21	Patient Status	99	R	149	150	22	<b>Required</b> Values: 01-Discharge to home or self care (routine discharge) 02-Discharged/ transferred to another short term general hospital for inpatient care 03-Discharged/transferred to a skilled nursing facility (SNF) 04-Discharged/ transferred to and intermediate care facility (ICF) 05-Discharged/ transferred to another type of institution for inpatient care or referred for outpatient services to another institution 06-Discharged/ transferred to home under care of organized home health service 07-Left against medical advice or discontinued care 08- Discharged/ transferred to home under care of a Home IV provider. 20-Expired 50-Hospice-home

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
								51-Hospice-Medical Facility 61-Discharged/transferred to Medicare approved swing bed 62-Discharged/transferred to another Rehab unit or facility 63-Discharged/transferred to another Long Term Care facility
20	22	Discharge Hour	XX	L	151	152		
20	23	Payments Received (Patient line)	9(8)V99S	R	153	162		
20	24	Estimated Amount Due(Patient line)	9(8)V99S	R	163	172		
20	25	Medical Record Number	X(17)	L	173	189		
20	26	Filler (National Use)	X(3)		190	192		

**This record is required.**

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Rec. #	Field #	Field Name	PIC	Field J	From Position	Thru Position	Form Locator	Remarks
21	1	Record type '21'						Not Required For CHARS
22	1	Record type '22'						Not Required For CHARS



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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
30	1	Record type '30'	XX	L	1	2	N/A	<b>Required</b> Record Value "30"
30	2	Sequence Number	99	R	3	4	N/A	Required
30	3	Patient Control Number	X(20)	L	5	24	3	Required
30	4	Source of Payment Code	X		25	25	50	Required
30	5-6	Payer Identification Number	X(9)	L	26	34		Required 001-Medicare 002-Medicaid (includes Healthy Options) 004-HMO 006-Commercial 008-L&I 009-Self Pay 610-Health Care Service Contractors 625-TRICARE, Indian Health 630-Charity Care
30	7	Certificate/SSN/HIC/ID Number	X(19)	L	35	53		
30	8a	Payer Identification Indicator	XX	L	54	55		
30	8b	Payer Name	X(23)	L	56	78		
30	9	Payer Code	X		79	79		
30	10	Insurance Group Number	X(17)	L	80	96		
30	11	Insured Group Name	X(14)	L	97	110		
30	12	Insured's Last Name	X(20)	L	111	130		
30	13	Insured's First Name	X(9)	L	131	139		
30	14	Insured's Middle Initial	X		140	140		
30	15	Insured's Sex	X		141	141		
30	16	Release of Information Certification Indicator	X		142	142		
30	17	Assignment of Benefits Certification Indicator	X		143	143		
30	18	Patient's Relationship to Insured	99	R	144	145		
30	19	Employment Status Code	9		146	146		

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
30	20	Covered Days	9(3)	R	147	149		
30	21	Noncovered Days	9(4)	R	150	153		
30	22	Coinsurance Days	9(3)	R	154	156		
30	23	Lifetime Reserve Days	9(3)	R	157	159		
30	24	Provider Identification Number	X(13)	L	160	172		
30	25	Payments Received	9(8)V99S	R	173	182		
30	26	Estimated Amount Due	9(8)V99S	R	183	192		

**This record is required.**

**UB-92 Data Elements  
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Rec. #	Field #	Field Name	PIC	Field Just.	From Position	Thru Position	Form Locator	Remarks
31	1	Record type '31'						Not Required For CHARS
32	1	Record type '32'						Not Required For CHARS
34	1	Record type '34'						Not Required For CHARS

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
40	1	Record Type '40'	XX	L	1	2	N/A	<b>Required</b> Value '40'
40	2	Sequence Number	99	R	3	4	N/A	<b>Required</b>
40	3	Patient Control Number	X(20)	L	5	24	3	<b>Required</b>
40	4	Type of Bill	X(3)	L	25	27	4	<b>Required</b> Value '111', '121' or '181'
40	5	Treatment Authorization Code-A	X(18)	L	28	45		
40	6	Treatment Authorization Code-B	X(18)	L	46	63		
40	7	Treatment Authorization Code-C	X(18)	L	64	81		
40	8	Occurrence Code - 1	X(2)	L	82	83		
40	9	Occurrence Date - 1 ( <i>CCYYMMDD</i> )	9(8)	R	84	91		
40	10	Occurrence Code - 2	X(2)	L	92	93		
40	11	Occurrence Date - 2 ( <i>CCYYMMDD</i> )	9(8)	R	94	101		
40	12	Occurrence Code - 3	X(2)	L	102	103		
40	13	Occurrence Date - 3 ( <i>CCYYMMDD</i> )	9(8)	R	104	111		
40	14	Occurrence Code - 4	X(2)	L	112	113		
40	15	Occurrence Date - 4 ( <i>CCYYMMDD</i> )	9(8)	R	114	121		
40	16	Occurrence Code - 5	X(2)	L	122	123		
40	17	Occurrence Date - 5 ( <i>CCYYMMDD</i> )	9(8)	R	124	131		
40	18	Occurrence Code - 6	X(2)	L	132	133		
40	19	Occurrence Date - 6 ( <i>CCYYMMDD</i> )	9(8)	R	134	141		
40	20	Occurrence Code - 7	X(2)	L	142	143		
40	21	Occurrence Date - 7 ( <i>CCYYMMDD</i> )	9(8)	R	144	151		
40	22	Occurrence Span Code - 1	X(2)	L	152	153		
40	23	Occurrence Span FROM DATE - 1 ( <i>CCYYMMDD</i> )	9(8)	R	154	161		
40	24	Occurrence Span THRU DATE - 1 ( <i>CCYYMMDD</i> )	9(8)	R	162	169		
40	25	Occurrence Span Code - 2	X(2)	L	170	171		
40	26	Occurrence Span FROM DATE - 2 ( <i>CCYYMMDD</i> )	9(8)	R	172	179		
40	27	Occurrence Span THRU DATE - 2 ( <i>CCYYMMDD</i> )	9(8)	R	180	187		
40	28	Filler (National Use)	X(5)		188	192		

**This record is required.**

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**WASHINGTON DOH  
CHARS**

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Rec. #	Field #	Field Name	PIC	Field Just.	From Position	Thru Position	Form Locator	Remarks
41	1	Record Type '41'						Not Required For CHARS

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
50	1	Record type '50'	XX	L	1	2	N/A	<b>Required</b> Record Value '50'
50	2	Sequence Number	99	R	3	4	N/A	<b>Required</b>
50	3	Patient Control Number	X(20)	L	5	24	3	<b>Required</b>
50	4	Accommodations Revenue Code	9(4)	R	25	28	42	<b>Required</b> <b>SEE NOTE BELOW*</b>
50	5	Accommodations Rate	9(7)V99	R	29	37		
50	6	Accommodations Days	9(4)	R	38	41	46	<b>Required</b>
50	7	Accommodations Total Charges	9(8)V99S	R	42	51	47	<b>Required</b>
50	8	Accommodations Noncovered Charges	9(8)V99S	R	52	61		
50	9	Form Locator 49	X(4)	L	62	65		
50	10	Filler (National Use)	X		66	66		
50	11	Accommodations - 2	X(42)		67	108	42-49	<b>Required</b> if applicable. See Fields 4,6,7
50	12	Accommodations - 3	X(42)		109	150	42-49	<b>Required</b> if applicable. See Fields 4,6,7
50	13	Accommodations - 4	X(42)		151	192	42-49	<b>Required</b> if applicable. See Fields 4,6,7

**This Record is Required**

**\*Accommodation Revenue Codes will be entered in code number sequence. Up to four accommodation revenue codes will be billed on each record '50'. If more are needed, submit additional sequence numbers on a '50' record. Sequence number will go from 01 to 99. However between records '50' and '60' DOH will only accept 40 lines; 39 Revenue Code lines and Line 40 is Total Charges.**

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
60	1	Record type '60'	XX	L	1	2	N/A	<b>Required</b> Record Value '60'
60	2	Sequence Number	99	R	3	4	N/A	<b>Required</b>
60	3	Patient Control Number	X(20)	L	5	24	3	<b>Required</b>
60	4	Inpatient Ancillary Revenue Code	9(4)	R	25	28	42	<b>Required</b> SEE NOTE BELOW*
60	5	HCPCS Procedure Code/HIPPS	X(5)	L	29	33		<b>Not reported in CHARS</b>
60	6	Modifier 1 (HCPCS & CPT-4)	X(2)	L	34	35		<b>Not reported in CHARS</b>
60	7	Modifier 2 (HCPCS & CPT-4)	X(2)	L	36	37		<b>Not reported in CHARS</b>
60	8	Inpatient Ancillary Units of Service	9(7)	R	38	44	46	<b>Required</b> if applicable
60	9	Inpatient Ancillary Total Charges	9(8)V99S	R	45	54	47	<b>Required</b>
60	10	Inpatient Ancillary Noncovered Charges	9(8)V99S	R	55	64		
60	11	Form Locator 49	X(4)	L	65	68		
60	12	Assessment Date (CCYYMMDD)	X(8)	L	69	76		
60	12a	Filler (National Use)	X(4)		77	80		
60	13	Inpatient Ancillaries – 2	X(56)		81	136	42-49	<b>Required</b> if applicable. See Fields 4,8,9.
60	14	Inpatient Ancillaries – 3	X(56)		137	192		<b>Required</b> if applicable. See Fields 4,8,9.

**This Record is Required.**

\*Up to 3 ancillary codes will be billed on each record '60'. If more are needed, submit additional sequence numbers on '60' records. DOH will only accept 40 revenue code lines between records '50' and '60'; 39 revenue code lines and number 40 is total charges. When more than 40 items are submitted, they will be excluded from the record resulting in incorrect total charges. Revenue codes (eg.300-308) may be rolled up to the General Classification (00) level to meet the 39-revenue code limit. Ancillary revenue codes will be entered in code number sequence. Total charges of accommodation and ancillary charges are listed as '01' on the ancillary charges record. Sequence number for revenue '60' will go from 01 to 14 for CHARS.

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
61	1	Record type '61'						Not Required For CHARS



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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
70	1	Record Type '70'	XX	L	1	2	N/A	<b>Required</b> Value '70'
70	2	Sequence Number '01'	99	R	3	4	N/A	<b>Required</b> Value '01'
70	3	Patient Control Number	X(20)	L	5	24	3	
70	4	Principal Diagnosis Code	X(6)	L	25	30	67	
70	5	Other Diagnosis Code - 1	X(6)	L	31	36	68	<b>Required</b> , omit decimal
70	6	Other Diagnosis Code - 2	X(6)	L	37	42	69	<b>Required</b> if applicable, omit decimal
70	7	Other Diagnosis Code - 3	X(6)	L	43	48	70	<b>Required</b> if applicable, omit decimal
70	8	Other Diagnosis Code - 4	X(6)	L	49	54	71	<b>Required</b> if applicable, omit decimal
70	9	Other Diagnosis Code - 5	X(6)	L	55	60	72	<b>Required</b> if applicable, omit decimal
70	10	Other Diagnosis Code - 6	X(6)	L	61	66	73	<b>Required</b> if applicable, omit decimal
70	11	Other Diagnosis Code - 7	X(6)	L	67	72	74	<b>Required</b> if applicable, omit decimal
70	12	Other Diagnosis Code - 8	X(6)	L	73	78	75	<b>Required</b> if applicable, omit decimal
70	13	Principal Procedure Code	X(7)	L	79	85	80	<b>Required</b> if applicable, omit decimal
70	14	Principal Procedure Date (CCYYMMDD)	9(8)	R	86	93		
70	15	Other Procedure Code - 1	X(7)	L	94	100	81	<b>Required</b> if applicable, omit decimal
70	16	Other Procedure Date - 1 (CCYYMMDD)	9(8)	R	101	108		
70	17	Other Procedure Code - 2	X(7)	L	109	115	81	<b>Required</b> if applicable, omit decimal
70	18	Other Procedure Date - 2 (CCYYMMDD)	9(8)	R	116	123		
70	19	Other Procedure Code - 3	X(7)	L	124	130	81	<b>Required</b> if applicable, omit decimal
70	20	Other Procedure Date - 3 (CCYYMMDD)	9(8)	R	131	138		
70	21	Other Procedure Code - 4	X(7)	L	139	145	81	<b>Required</b> if applicable, omit decimal
70	22	Other Procedure Date - 4 (CCYYMMDD)	9(8)	R	146	153		
70	23	Other Procedure Code - 5	X(7)	L	154	160	81	<b>Required</b> if applicable, omit decimal
70	24	Other Procedure Date - 5 (CCYYMMDD)	9(8)	R	161	168		
70	25	Admitting Diagnosis Code	X(6)	L	169	174		
70	26	External Cause of Injury (E-Code)	X(6)	L	175	180	77	<b>Required</b> if applicable-omit decimal
70	27	Procedure Coding Method Used	9		181	181		
70	28	Filler (National Use)	X(11)		182	192		

**This record is required.**

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**WASHINGTON DOH  
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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
70	1	Record Type '70', Sequence '02'						Not Required For CHARS
71	1	Record Type '71'						Not Required For CHARS
72	1	Record Type '72'						Not Required For CHARS
73	1	Record Type '73'						Not Required For CHARS
74	1	Record Type '74'						Not Required For CHARS
75	1	Record Type '75'						Not Required For CHARS
76	1	Record Type '76'						Not Required For CHARS
77	1	Record Type '77'						Not Required For CHARS

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
80	1	Record Type ‘80’	XX	L	1	2	N/A	<b>Required</b> Value ‘80’
80	2	Sequence	99	R	3	4	N/A	<b>Required</b>
80	3	Patient Control Number	X(20)	L	5	24	3	<b>Required</b>
80	4	Physician Number Qualifying Codes	X(2)	L	25	26		
80	5	Attending Physician Number	X(16)	L	27	42	83	<b>Required</b> -Use UPIN,* DOH#*, or DSHS#*
80	6	Operating Physician Number	X(16)	L	43	58	83	<b>Required</b> if applicable
80	7	Other Physician Number	X(16)	L	59	74		
80	8	Other Physician Number	X(16)	L	75	90		
80	9	Attending Physician Name	X(25)	L	91	115		
80	10	Operating Physician Name	X(25)	L	116	140		
80	11	Other Physician Name	X(25)	L	141	165		
80	12	Other Physician Name	X(25)	L	166	190		
80	13	Filler (National Use)	X(2)		191	192		

**This Record is Required****\*OTH00 and RES00 not acceptable UPINs in CHARS****DSHS# starting with a ‘7’ not acceptable in CHARS****Omit ‘WA0’and ‘MD0’ when submitting DOH#**

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Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
81								Not Required for CHARS

**UB-92 Data Elements  
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NOTE: Italicized information denotes differences between v4 and v5 file formats.

Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
90	1	Record Type '90'	XX	L	1	2	N/A	<b>Required</b> Value '90'
90	2	Filler (National Use)	XX		3	4		
90	3	Patient Control Number	X(20)	L	5	24	3	<b>Required</b>
90	4	Physical Record Count (Excluding RT 90 + 91)	9(3)	R	25	27		
90	5	Record Type 2n Count	99	R	28	29		
90	6	Record Type 3n Count	99	R	30	31		
90	7	Record Type 4n Count	99	R	32	33		
90	8	Record Type 5n Count	99	R	34	35		
90	9	Record Type 6n Count	99	R	36	37		
90	10	Record Type 7n Count	99	R	38	39		
90	11	Record Type 8n Count	99	R	40	41		
90	12	Record Type 91 Qualifier	9		42	42		
90	13	Total Accommodation Charges Revenue Centers	9(8)V99S	R	43	52	47	<b>Required</b>
90	14	Noncovered Accommodation Charges - Revenue Centers	9(8)V99S	R	53	62		
90	15	Total Ancillary Charges Revenue Centers	9(8)V99S	R	63	72	47	<b>Required</b>
90	16	Noncovered Ancillary Charges - Revenue Centers	9(8)V99S	R	73	82		
90	17	Remarks	X(110)	L	83	192		

**This Record is Required**

**UB-92 Data Elements**  
**CMS-1450 v5 Flat File**  
Updated: March 12, 2002

**WASHINGTON DOH**  
**CHARS**

Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
91	1	Record Type '91'						Not Required For CHARS

**UB-92 Data Elements  
CMS-1450 v5 Flat File****WASHINGTON DOH  
CHARS**

Updated: March 12, 2002

NOTE: Italicized information denotes differences between v4 and v5 file formats.

Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
95	1	Record Type '95'	XX	L	1	2	N/A	<b>Record</b> Required for control purposes Value is '95'
95	2	Federal Tax Number (EIN)	9(10)	R	3	12	5	<b>Required</b>
95	3	Receiver Identification	9(5)	R	13	17		
95	4	Receiver Sub-Identification	X(4)	L	18	21		
95	5	Type of Batch	XXX	L	22	24		
95	6	Number of Claims	9(6)	R	25	30	N/A	<b>Required</b>
95	7	Number of 3M Batch Attachment Records	9(6)	R	31	36		
95	8	Accommodations Total Charges for the Batch	9(10)V99S	R	37	48		
95	9	Accommodations Noncovered Charges for the Batch	9(10)V99S	R	49	60		
95	10	Ancillary Total Charges for the Batch	9(10)V99S	R	61	72		
95	11	Ancillary Noncovered Charges for the Batch	9(10)V99S	R	73	84		
95	12	Total Charges for Batch (COB only)	9(10)V99S	R	85	96		
95	13	Total Noncovered Charges for the Batch (COB only)	9(10)V99S	R	97	108		
95	14	Reserve for Future Use	X(12)	L	109	120		
95	15	Filler (National Use)	X(18)		121	138		
95	16	Filler (Local Use)	X(54)		139	192		

**This Record is Required**

**UB-92 Data Elements  
CMS-1450 v5 Flat File**

**WASHINGTON DOH  
CHARS**

Updated: March 12, 2002

NOTE: Italicized information denotes differences between v4 and v5 file formats.

Rec. #	Field #	Field Name	PIC	FJ	From Position	Thru Position	Form Locator	Remarks
99	1	Record Type '99'	XX	L	1	2	N/A	Record <b>Required</b> for control purpose value is '99'
99	2	Submitter EIN	9(10)	R	3	12	N/A	<b>Required</b>
99	3	Receiver Identification	9(5)	R	13	17		
99	4	Receiver Sub-Identification	X(4)	L	18	21		
99	5	Number of Batches Billed this File	9999	R	22	25		<b>Required</b>
99	6	Accommodations Total Charges for the File	9(11)V99S	R	26	38		<b>Required</b>
99	7	Accommodations Noncovered Charges for the File	9(11)V99S	R	39	51		
99	8	Ancillary Total Charges for the File	9(11)V99S	R	52	64		<b>Required</b>
99	9	Ancillary Noncovered Charges for the File	9(11)V99S	R	65	77		
99	10	Total Charges for the File (COB only)	9(11)V99S	R	78	90		
99	11	Total Noncovered Charges for the File (COB only)	9(11)V99S	R	91	103		
99	12	Number of Claims for the File (COB only)	9(8)	R	104	111		
99	13	Number of Records for the File (COB only)	9(8)	R	112	119		
99	14	Filler (National Use)	X(16)		120	135		
99	15	Filler (Local Use)	X(57)		136	192		

**This Record is Required**

Must be the last record on File.